



# Grand County

Colorado

## Secure Transportation Complaint Form

Date and Time of Complaint: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

All complaints filed against a Secure Transportation Service may be subject to the Colorado Open Records Act and subject to public disclosure.

1. Complainant's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (business)

\_\_\_\_\_ (mobile)

Email Address: \_\_\_\_\_

2. Is the complaint on behalf of:  Yourself  
 Someone Else

If for someone else, who? \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

3. Basis of Complaint:  Client Rights  Staff/Personnel  
 Response Time  Unlicensed Service/  
Unpermitted Vehicles  
 Other: \_\_\_\_\_  
\_\_\_\_\_

4. What is the name of the Secure Transportation Service? \_\_\_\_\_

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5. When did the event(s) of concern occur?

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m

6. Is the problem ongoing:  Yes  
 No

7. Is the individual still receiving care  
as a result of the incident?  Yes  
 No

8. What is the individual's condition now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Was anyone else involved in the incident (i.e., other staff, family, friends, law enforcement,  
fire personnel, receiving facility staff, physicians or bystanders)?

Yes  No

10. Were there any witnesses to the incident?

Yes  No

If there were witnesses, who were they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you have any evidence of the incident (i.e., pictures, video or audio recordings)?

Yes  No

If yes, are you willing to provide these as part of the investigation into the incident?

Yes  No

12. Have you taken any additional actions?

Yes  No

If yes, what actions have you taken? \_\_\_\_\_  
\_\_\_\_\_

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13. Have you spoken with anyone from the Secure Transportation Service?

Yes

No

If yes, who did you speak with? \_\_\_\_\_

14. Has the Secure Transportation Service tried to address the situation?

Yes

No

If yes, what has been done? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. What prompted this complaint? Please describe what happened and include additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Are there any law enforcement agencies involved?

Yes

No

Please name the law enforcement agency/agencies involved:

\_\_\_\_\_

Submitted by:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Preferred Method of Contact:

Email

Phone

If you have any questions regarding this form or about the process, please contact the Grand County Licensing Coordinator at \_\_\_\_\_ or 970-\_\_\_\_-\_\_\_\_\_.